10/535325 Regard Political Land Land

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DECLARATION F			Attorney Docket Number	TSRI 65	1.6				
DESIGN PATENT (37 CFF		ATION	First Named Inventor	David A.	David A. CHERESH				
			COMPLETE IF KNOWN						
			Application Number						
☑ Declaration Submitted with Initial Filing	☐ Declarati		Filing Date	May 1	18, 2005				
war innig	Initial Fili		Group Art Unit						
			Examiner Name						
As a below named inventor	. I hereby decl	are that:							
My residence, post office ad	•		as stated helow next to my	name					
I believe I am the original, fi	-	•	•		oint inventor (if more than				
one name is listed) of the su									
,	METHO	D OF TREAT	MENT OF MYOCARDIAL I	NFARCTION					
the specification of which:									
•									
□ is attached heret	•								
		003 as United	d States Application Number	er or PCT Internation	onal Application				
Number <u>PCT/US03/3</u>	<u>7653</u> .								
				416-d1641	including the plaine on				
I hereby state that I have re amended by any amendme.			contents of the above-iden	tified specification,	including the claims, as				
I acknowledge the duty to d			material to the patentability	y of this application	n, as defined in 37 CFR				
1.56.									
I hereby claim foreign priori	tv benefits und	ler 35 U.S.C.	119(a)-(d) or 365(b) of any	foreign application	(s) for patent or inventor's				
certificate, or 365(a) of any	PCT internation	onal applicatio	n which designated at leas	t one country other	than the United States of				
America, listed below and h									
certificate, or of any PCT in	ternational ap	olication havin	g a filing date before that o	trie application of	n which priority is claimed.				
Prior Foreign Application	Cou	ntry	Foreign Filing Date	Priority	Certified Copy Attached?				
Number(s)			(MM/DD/YYYY)	Not	YES NO				
<u>.</u>			·	Claimed					
PCT/US03/37653	PC	T	11/18/2003	0					
☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.									
I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below.									
Application Number(s) Foreign Filing Date									
, ipplication (tullion	. (3)		MM/DD/YYYY)	☐ Additional provisional application					
00/007 000			05/20/1009	numbers are listed on a					
60/087,220			05/29/1998	supplemental priority data sheet attached hereto.					

DECLARATION

- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.36, which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
U.S. Parent Application or PCT Parent Number					rent Filing Date		Parent Patent Number (if applicable)	
10/298,377 09/538,248 09/470,881 PCT/US99/11780				11/18/2002 03/29/2000 12/22/1999 05/28/1999			6,685,938	
☐ Additional U.S. or PCT in	ternational ap	plication numb	ers are liste	d on a supplemen	ntal prid	ority data sheet attach	ed hereto.	
As a named inventor, I heret and Trademark Office:	by appoint the	following regis	tered practit	tioner(s) to prose	cute th	is application and to tr	ansact all busir	ness connected therewith in the Patent
□ Customer Number	er			or ⊠ Re	gistere	d Practitioner(s) name	registration nu	mbers listed below
Name		Regis	stration N	umber		Name		Registration Number
Arne M. Olson			30,203	3	Mi	chael A. Hie	rl	29,807
Dolores T. Kenr	ney		31,269		Та	livaldis Cepu	uritis	20,818
Seymour Roths	-		19,369	9	Da	niel J. Dene	ufbourg	33,675
Joseph M. Kuo	ļ		38,943		Ma	artin J. Corn		35,847
David A. Gottar	do		46,736	3	Ro	bert J. Ross	;	45,058
John W. Klooste	er		18,953	3				
	ed practitio	ner(s) nam	ed on su	pplemental F	Regist	tered Practitioner	Information	n sheet attached hereto.
Direct all corresponde	ence to:	□ Custo	mer Num	nber		or	⊠ Corre	espondence address below
		CEPUR						
Address 20) North	Wacker	Drive,	36th Floo)			
City G	hicago		State				ZIP	60606
Country U	S		Telepho	one (31	2) 5	80-1180	Fax	(312) 580-1189
I hereby declare that all state that these statements ere mand that such wilful fall	ade with the k	nowledge that	willful false:	statements and ti	he like	so made are punishab	le by fine or im	elief are believed to be true; and further prisonment, or both, under 18 U.S.C.
Name of Sole or Fir	st Invent	or:		□ A	petiti	on has been filed f	or this unsig	ned inventor
Given Name (f	~	ddle, if any)			Family Name or Surname			
D	avid A	•		1		Ç	HERESI	I
Inventor's signature		In	C					Date: 3/8/04
Residence	City I	Encinitas	State COuntry U					Citizenship US
Post Office Address	32	77 Lone	e Hill I	ane				
	City	· · ·	 _	State		ZIP		Country
	Encinit	tas		CA		9202	4	US
⊠Additional inventors	s are being	named on	the <u>1</u>	supplementa	ıl Ado	ditional Inventor(s	s) Sheet(s)	attached hereto
					_			<u> </u>

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1				
Name of Addition	onal Joint Inventor, if any:		☐ A petition has been filed for	or this unsigned inventor		
Giver	n Name (first and middle, if any)		Family Name or Sur	name		
	Robert		PAUL			
Inventor's signature				Date:		
Residence	City Munich	State	Country Germany	Citizenship Germany		
Post Office Address	Bruderhofstr.9					
	City Munich	State	ZIP D-81371	Country Germany		
Name of Addition	onal Joint Inventor, If any:		☐ A petition has been filed for	or this unsigned inventor		
Give	n Name (first and middle, if any)		Family Name or Sur	name		
	Brian		ELICEIRI			
Inventor's signature				Date:		
Residence	City Carlsbad	State CA	Country US	Citizenship US		
Post Office Address	2933 Via Ipanema					
	City Carlsbad	State CA	ZIP 92009	Country US		
Name of Addition	onal Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor				
Giver	n Name (first and middle, if any)	Family Name or Surname				
Inventor's signature		-		Date:		
Residence	City	State	Country	Citizenship		
Post Office Address						
	City	State	ZIP	Country		
Name of Addition	onal Joint Inventor, if any:	□ A petition has been filed for this unsigned inventor				
Giver	Name (first and middle, if any)		Family Name or Sun	name		
Inventor's signature				Date:		
Residence	City	State	Country	Citizenship		
Post Office Address						
-	City	State	ZIP	Citizenship		

Rec'd PCT/PTO 18 MAY 2005

DECLARATION FOR UTILITY OR	Attorney Docket Number	TSRI 651.6			
DESIGN PATENT APPLICATION (37 CFR 1.63)	First Named Inventor	David A. CHERESH			
	COMPLETE IF KNOWN				
	Application Number				
☑ Declaration Submitted ☐ Declaration with Initial Filing Submitted after	Filing Date	May 18, 2005			
Initial Filing	Group Art Unit				
	Examiner Name				

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF TREATMENT OF MYOCARDIAL INFARCTION

the specification of which:

- □ is attached hereto:
- was filed on November 18, 2003 as United States Application Number or PCT International Application Number PCT/US03/37653.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
PCT/US03/37653	PCT	11/18/2003		

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below.

Application Number(s)	Foreign Filing Date (MM/DD/YYYY)	_	Additional provisional application numbers are listed on a
60/087,220	05/29/1998		supplemental priority data sheet attached hereto.

DECLARATION

- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

	City Encinitas		State CA			Country	
Post Office Address	<u> </u>	one Hill I	·····		710		Country
Residence	City Encinit	as	State CA		Country		Citizenship US
Inventor's signature							Date:
D	avid A.				C	HERESH	[
Given Name (1	first and middle, if a	ny)	Family Name or Surname				
Name of Sole or Fir	st Inventor:		☐ A petition has been filed for this unsigned inventor				
I hereby declare that all state that these statements ere mand that such willful fall	ade with the knowledge	that willful false:	statements and th	ne like :	so made are punishabl	e by fine or im	elief are believed to be true; and further prisonment, or both, under 18 U.S.C.
Country U	S	Telepho	one (31	2) 5	80-1180	Fax	(312) 580-1189
City C	hicago	State	IL			ZIP	60606
Address 20	North Wack	er Drive,	36th Floc	or			
	alivaldis CEPI LSON & HIEF						
Direct all correspond	ence to: Cu	stomer Num	ber		or	⊠ Corre	espondence address below
	ed practitioner(s) n	amed on su	pplemental F	Regist	tered Practitioner	Information	n sheet attached hereto.
John W. Kloost	er	18,953					
Joseph M. Kuo David A. Gottar	do	38,943 46,736			artin J. Corn bert J. Ross		35,847 45,058
Seymour Roths	tein	19,369			niel J. Dene	ufbourg	33,675 35,847
Dolores T. Keni	ney	30,203 31,269			livaldis Cepu		20,818
Arne M. Olson	K	egistration N		N 4:	Name chael A. Hie		Registration Number 29,807
☐ Customer Numb				gistere	d Practitioner(s) name/		
As a named inventor, I here and Trademark Office:	by appoint the following	registered practi	tioner(s) to prose	cute th	is application and to tra	ansact all busir	ess connected therewith in the Patent
☐ Additional U.S. or PCT in	itemational application n	umbers are liste	d on a suppleme	ntal pri	ority data sheet attache	ed hereto.	
	09/470,881 T/US99/11780				12/22/1999 05/28/1999		6,685,938
10/298,377 09/538,248					11/18/2002 03/29/2000		
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)

DECLARATION			ADDITIONAL INVE Supplemental S Page 1 of 1			
Name of Addition	onal Joint Inventor, if any:		☐ A petition has been filed f	or this unsigned inventor		
Give	n Name (first and middle, if any)		Family Name or Sur	mame		
	Robert //		PAUL			
Inventor's signature	1/1			Date: 03/09/04		
Residence	City Munich	State	Country Germany	Citizenship Germany		
Post Office Address	Bruderhofstr.9					
	City Munich	State	ZIP D-81371	Country Germany		
Name of Addition	onal Joint Inventor, if any:		☐ A petition has been filed f	or this unsigned inventor		
Give	n Name (first and middle, if any)		Family Name or Sur	name		
	Brian		ELICEIRI	-		
Inventor's signature				Date:		
Residence	City Carlsbad	State CA	Country US	Citizenship US		
Post Office Address	2933 Via Ipanema					
	City Carlsbad	State CA	ZIP 92009	Country US		
Name of Addition	onal Joint Inventor, if any:	A petition has been filed for this unsigned inventor				
Giver	Name (first and middle, if any)	Family Name or Surname				
Inventor's signature				Date:		
Residence	City	State	Country	Citizenship		
Post Office Address						
	City	State	ZIP	Country		
Name of Additional Joint Inventor, if any:		□ A petition has been filed for this unsigned inventor				
Given Name (first and middle, if any)		Family Name or Surname				
Inventor's signature				Date:		
Residence City		State	Country	Citizenship		
Post Office Address						
	City	State	ZIP	Citizenship		

10/535325 Rec'd PCT/PTO 18 MAY 2005

DECLARATION F			Attorney Docket Number	TSRI 65	TSRI 651.6		
DESIGN PATEN (37 CFI	-	ATION	First Named Inventor	David A.	David A. CHERESH		
			CO	MPLETE IF KN	IOWN		
			Application Number				
☑ Declaration Submitted with Initial Filing	☐ Declarati		Filing Date	May	18, 2005		
	Initial Fili	ng	Group Art Unit				
			Examiner Name		<u> </u>		
As a below named inventor	, I hereby decl	are that:					
My residence, post office a	ddress, and ci	tizenship are a	as stated below next to my	name.			
I believe I am the original, fi one name is listed) of the s	irst, and sole i ubject matter v	nventor (if only which is claim	y one name is listed) or an ed and for which a patent is	original, first, and j s sought on the inv	oint inventor (if mo	ore than	
	METHO	D OF TREAT	MENT OF MYOCARDIAL I	NFARCTION			
the specification of which:							
□ is attached here	to;						
was filed on No Number PCT/US03/3		003_ as United	d States Application Number	er or PCT Internation	onal Application		
I hereby state that I have re amended by any amendme I acknowledge the duty to d 1.56.	nt referred to a	above.					
I hereby claim foreign priori certificate, or 365(a) of any America, listed below and h certificate, or of any PCT in	PCT internation	onal applicatio	n which designated at leas y checking the box, any for	t one country other eign application fo	r than the United S r patent or invento	States of or's	
Prior Foreign Application Number(s)	Cou	ntry	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy A YES	Attached? NO	
PCT/US03/37653	PC	СТ	11/18/2003		0	Ø	
□ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.							
I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below.							
Application Number(s) For			reign Filing Date MM/DD/YYYY)	☐ Additional provisional application			
60/087,220			05/29/1998		are listed on a ntal priority data s hereto.	heet	

DECLARATION

- Utility or Design Patent Application

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first paragraph of Title 35 U.S.C., 112, 1 acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Applic	cation or PCT Paren	t Number		Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)
10/298,377 09/538,248 09/470,881 PCT/US99/11780					11/18/2002 03/29/2000 12/22/1999 05/28/1999		6,685,938
☐ Additional U.S. or PCT in	ternational application nun	bers are liste	d on a supplemer	ntal prio	ority data sheet attache	ed hereto.	
As a named inventor, I heret and Trademark Office:	by appoint the following re	istered practi	tioner(s) to prose	cute thi	s application and to tra	ansact all busir	ness connected therewith in the Patent
☐ Customer Number	er	-	or ⊠ Reg	gistered	Practitioner(s) name/	registration nu	mbers listed below
Name	Reç	istration N	lumber		Name		Registration Number
Arne M. Olson		30,20	3	Mie	chael A. Hie	rl	29,807
Dolores T. Kenr	ney	31,269	9	Та	livaldis Cepu	ıritis	20,818
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Joseph M. Kuo		38,943	3	Ma	artin J. Corn	_	35,847
David A. Gottar	do	46,736		Ro	bert J. Ross	i	45,058
John W. Klooste	er	18,95	3				
	ed practitioner(s) na	med on su	pplemental R	Regist	ered Practitioner	Informatio	n sheet attached hereto.
Direct all corresponde	ence to:	omer Nun	nber		or	⊠ Corre	espondence address below
	alivaldis CEPU LSON & HIER						
Address 20) North Wacke	r Drive,	36th Floo	or			
City CI	nicago	State	IL			ZIP	60606
Country U	S	Teleph	one (31	2) 580-1180 Fax			(312) 580-1189
I hereby declare that all state that these statements ere m 1001 and that such willful fal	ade with the knowledge th	at willful false	statements and th	ne like s	so made are punishab	le by fine or im	elief are believed to be true; and further prisonment, or both, under 18 U.S.C.
Name of Sole or Fir	st Inventor:		_ A	petitio	on has been filed for	or this unsig	ned inventor
Given Name (f	irst and middle, if any	')	Family Name or Surname				
D	avid A.			CHERESH			
Inventor's signature						Date:	
Residence	City Encinita	Encinitas State CA			Country US		Citizenship US
Post Office Address	3277 Lone Hill Lane						
	City		State		ZIP		Country
	Encinitas		CA		9202	4	US
⊠Additional inventors	s are being named o	n the _1	supplementa	ıl Add	litional Inventor(s) Sheet(s)	attached hereto

D	ECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1				
<u> </u>						
Name of Additi	onal Joint Inventor, if any:		A petition has been filed for	or this unsigned inventor		
Give	n Name (first and middle, if any)		Family Name or Sun	name		
	Robert		PAUL			
Inventor's signature				Date:		
Residence	City Munich	State	Country Germany	Citizenship Germany		
Post Office Address	Bruderhofstr.9					
	City Munich	State	ZIP D-81371	Country Germany		
Name of Additi	onal Joint Inventor, if any:		☐ A petition has been filed for	or this unsigned inventor		
Give	n Name (first and middle, if any)		Family Name or Sun	name		
<i>u</i>	> Brian		ELICEIRI			
Inventor's signature	Bri Elu	~		Date: 3 · 9-04		
Residence	Carlsbad C	State CA	Country US	Citizenship US		
Post Office Address	2933 Via Ipanema					
	City Carlsbad	State CA	ZIP 92009	Country US		
Name of Additi	onal Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor				
Give	n Name (first and middle, if any)	Family Name or Surname				
Inventor's signature				Date:		
Residence	City	State	Country	Citizenship		
Post Office Address						
	City	State	ZIP	Country		
Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle, if any)		Family Name or Sumame				
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Inventor's signature				Date:		
Residence	City	State	Country	Citizenship		
Post Office Address		 				
	City	State	ZIP	Citizenship		